

# Monthly Medication Error Report

Month \_\_\_\_\_.

Provider: \_\_\_\_\_ Provider #: \_\_\_\_\_ Total Medication Errors for month: \_\_\_\_\_.

Total Doses Prescribed (All Medications): \_\_\_\_\_

Individual: \_\_\_\_\_ MAID Number: \_\_\_\_\_ Error Rate: \_\_\_\_\_ %

Medication	Date/Time/Location of Error	Administration Site	Type of Error	Staff Member Responsible	Agency Follow-up
_____ # of Doses Prescribed for Month: _____		<input type="checkbox"/> Residence <input type="checkbox"/> Day Program <input type="checkbox"/> Job Site <input type="checkbox"/> Community <input type="checkbox"/> Respite <input type="checkbox"/> Home Visit <input type="checkbox"/> Other	<input type="checkbox"/> Missed Dose <input type="checkbox"/> Wrong Time <input type="checkbox"/> Wrong Dose <input type="checkbox"/> Wrong Medication <input type="checkbox"/> Wrong Route <input type="checkbox"/> Wrong Person <input type="checkbox"/> Other		
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**NOTE: Medication Errors as a result of neglect must also be reported as a Class III incident.**

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